Baseline Data for Monitoring the Impact of Health Care Reform

On Mental Health Service Recipients and Others

Methodology

Data Sources

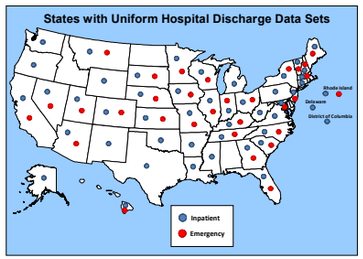
Data from four widely available databases were used in these analyses:

MMIS: (Medicaid Management Information Systems Database) Client, service, provider and financial information for all claims.

MHMIS: (Mental Health Management Information System) Basic client demographic, clinical and service data for all CMH service recipients.

BRFSS: (Behavioral Risk Factor Surveillance System) Large on-going telephone health survey system in all 50 states tracking health conditions and risk behaviors since 1984.

UHDDS: (Uniform Hospital Discharge Data Set) Maintained by most states for inpatient, outpatient, and emergency department episodes of care. Includes basic demographic and residential data; length of stay, diagnoses, providers, procedures, disposition of patient and sources of payment.



Health Surveillance

Cross sector service utilization frequently requires the integration of independent databases. When unique person identifiers (e.g. Social Security number) were shared across data sets, direct record linkage was used to link mental health and health care utilization data.

When datasets did not share unique person identifiers, Probabilistic Population Estimation was used to determine the numbers of individuals in specified demographic and clinical groups who were represented in both data sets.

Probabilistic Population Estimation (PPE) is a statistical procedure that provides valid and reliable estimates of the numbers of people who are represented in data sets that do not include unique person identifiers. Probabilistic Population Estimation uses information on the distribution of birth dates in a data set to determine the number of people represented in the data set.

In order to estimate the number of people shared across data sets that do not include a person identifier, the sizes of three populations are determined and the results are compared. The numbers of people in each of the original data sets are the first two populations. The number of people in a data set that is formed by combining the two original data sets is the third data set. The number of people who are shared by the two data sets is the difference between the sum of the numbers of people represented in the two original data sets and the number of people represented in the combined data set.

PPE is a powerful statistical tool for determining the number of people shared by data sets that do not share unique person identifiers. PPE was used in all analyses reported here that included UHDDS and MH-MIS data sets because UHDDS does not include unique person identifiers. For more information about PPE, visit:
http://www.thebristolobservatory.com

Dissemination: Brief reports of findings are routinely distributed to a broad range of interested parties. To receive copies of periodic brief reports regarding health care utilization by Vermont mental health service recipients and others, e-mail PIP@ahs.state.vt.us.

Health Care Reform in Vermont

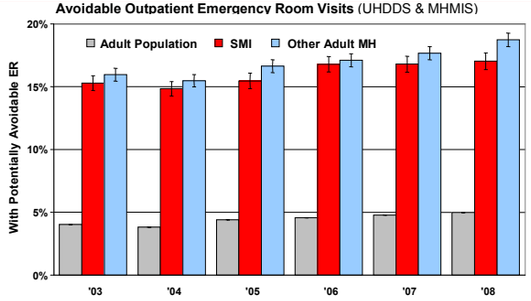
Vermont created sweeping health care reform legislation in 2006 and additional legislation every year since. With over 60 specific initiatives, this reform is designed to increase access, improve quality, and contain the cost of health care for Vermonters (http://hcr.vermont.gov/).

In anticipation of the broad range of questions regarding the impact of Vermont's planned health care reform on mental health service recipients, the Vermont Department of Mental Health has begun to systematically analyze existing data archives to create an historical basis for understanding the impact of any changes in the structure and funding of health care services. The results presented here are from the first round of these analyses.

June 2011 CMHS/SAMHSA DIG Annual Meeting

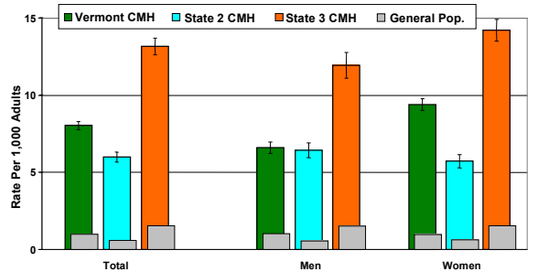
Avoidable ER Visits

Avoidable Outpatient Emergency Room Visits (UHDDS & MHMIS)



Emergency Inpatient in 3 States

Emergency Inpatient for Injury, Poisoning, and Toxic Effects (UHDDS & MHMIS)



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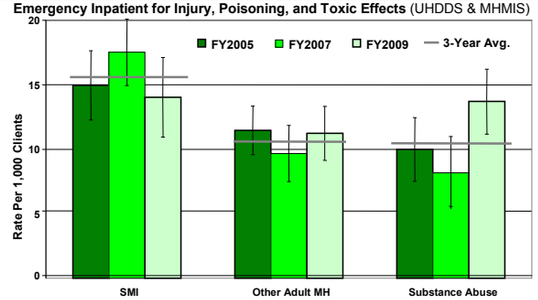
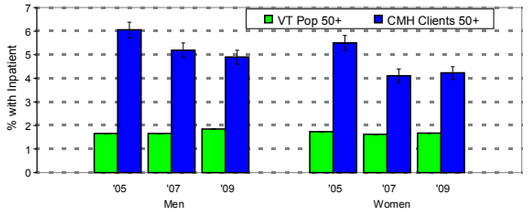


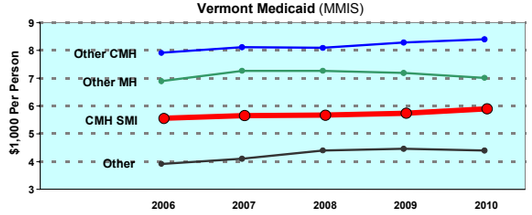
Inpatient Respiratory Care

Vermont Residents and CMH Clients Aged 50 and Over (UHDDS & MH-MIS)



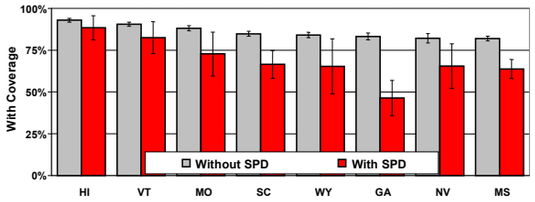
Physical Health Care Costs

Vermont Medicaid (MMIS)



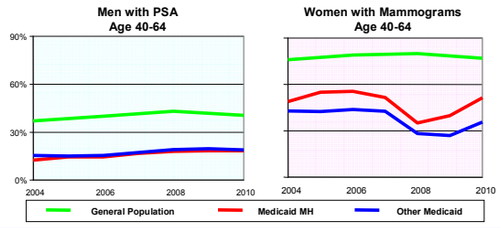
Health Coverage in 8 States

Residents with and without Serious Psychological Distress (BRFSS)

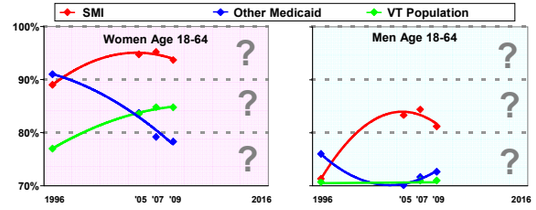


Routine Medical Care

Cancer Screening (MMIS & BRFSS)



Routine Physicals (MMIS & BRFSS)



VERMONT
DEPARTMENT OF MENTAL HEALTH

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USE THE DATA

SAVE THE DATA

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